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FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38146

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State File No. ....

9511

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. ....

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo b. COUNTY \_\_\_\_\_

b. CITY OR TOWN St Louis c. LENGTH OF STAY (in this place) \_\_\_\_\_

c. CITY OR TOWN St Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION DOA Newn Phillips Hosp STREET ADDRESS (If rural, give location) 11 1805 No Sarah

3. NAME OF DECEASED (Type or Print) a. (First) Barbara b. (Middle) Lawson c. (Last) Lawson 4. DATE OF DEATH (Month) (Day) (Year) Oct 27 1955

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Never 8. DATE OF BIRTH 14 July 1913 9. AGE (In years last birthday) 42 if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) \_\_\_\_\_ 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo 12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME \_\_\_\_\_ 13b. MOTHER'S MAIDEN NAME Barbara Lawson 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) \_\_\_\_\_ (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Barbara Lawson ADDRESS 1805 No. SARAH

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carbon Monoxide Poisoning INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES suffered when fire occurred in basement apartment at 1805 North Sarah St. about 3:22 pm., October 27, 1955 DUE TO (a) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS Original Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION Charles was at the part of Lurtha Mae Jewell 20. AUTOPSY? YES  NO

21a. ACCIDENT OR SUICIDE Accidental 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Oct 27 55 3:22 p.m. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? old E 992.0

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Patrick C. Taylor Currier (Degree or title) 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 11/1/55

24a. BURIAL, CREMATION, REMOVAL (Specify) removed 24b. DATE 2 Nov 55 24c. NAME OF CEMETERY OR CREMATORY Lurtha Dickson 24d. LOCATION (City, town, or county) (State) St Louis Mo

DATE REC'D BY LOCAL REG. NOV 1 1955 REGISTRAR'S SIGNATURE Carl Smith 25. FUNERAL DIRECTOR'S SIGNATURE W. R. Reilly ADDRESS Funeral Bldg 1221 N. Taylor

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Paul V. Freeman*.....

Licensed Embalmer No. *468*

P. O. Address *4729 Ham*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.